

# State of New Hampshire

## CERTIFICATE OF FORMATION INSTRUCTIONS FOR COMPLETING FORM FND-1 (RSA 564-F:3-301)

### TEN STEPS TO AVOID REJECTION

1. The form must be legibly printed or typed on 8.5" x 11" paper and maintain 1" margins. Pencil or erasable ink is not acceptable.
2. **Article First:** Your application must contain a foundation name. Per RSA 564-F:4-401 the foundation's name shall contain the word "foundation," "stichting," or the abbreviation "fnd." or "stak."
3. Principal business information is optional and is not part of article first. The registered agent address will be used as the principal office address if no principal office address is listed.
4. **Article Second:** Per RSA 564-F:5-501, a registered agent and registered office must be provided. The registered agent must reside in New Hampshire. The registered agent is the person who would receive service of process should the corporation be sued. The registered office is the registered agent's business address where the registered agent can be found for in-hand service of process. **A street/physical address must be provided. Your application will not be processed without an agent named or if an out of state address is listed.**
5. **Article Third:** RSA 564-F:6-601 A foundation shall have one or more purposes. Each of the purposes shall be: Lawful; Not contrary to public policy; and Possible to achieve. A foundation's purposes may include any charitable purpose and any noncharitable purpose.
6. **Article Fourth:** State any provision managing or regulating the foundation's affairs.
7. **Article Fifth:** State any provision defining, limiting, or regulating the foundation's powers
8. **Article Sixth:** Any provision defining, limiting, or regulating a foundation official's duties and powers
9. **Article Seventh:** If the foundation will exist only for a limited period, the date on which the foundation shall terminate
10. **Article Eighth:** List the name of each initial director and their business address
11. **Article Ninth:** List the name of each organizer and their business address; a minimum of one organizer is required. Note: An organizer is defined as a "person" under RSA 564-F:2-201(r); please refer to the RSA for the complete definition of a "person". The organizer(s) listed must sign the Certificate of Formation.
12. The total filing fee to register is \$100.00, payable to the State of New Hampshire.

**PLEASE NOTE:** The name will be searched for availability upon receipt of these documents. If the filing has been accepted, you will receive a filed-stamped copy within 30 days. If you do not receive an acknowledgement, please contact our office. Checks are deposited upon receipt. If the check has been cashed, it only indicates we have received the document. A cashed check is not an indication that the document has been accepted and filed. Please call the Corporation Division (603-271-3246) with any questions you may have regarding this application.

# State of New Hampshire

Filing fee: \$100.00  
Use black print or type.

Form FND-1  
RSA 564-F:3-301

## CERTIFICATE OF FORMATION NEW HAMPSHIRE FOUNDATION

The undersigned, acting as organizer(s) of a foundation under the New Hampshire Foundation Act, submits the following certificate of formation:

**FIRST:** The name of the foundation is: \_\_\_\_\_

\_\_\_\_\_  
(name shall contain the word "foundation," "stichting," or the abbreviation "fnd." or "stak.")

### Principal Business Information:

Principal Office Address: \_\_\_\_\_  
(no. & street) (city/town) (state) (zip code)

Principal Mailing Address (if different): \_\_\_\_\_  
(no. & street) (city/town) (state) (zip code)

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

\_\_\_\_ Please check if you would prefer to receive the courtesy Annual Report Reminder by email.

**SECOND:** The name of the foundation's initial registered agent is:

\_\_\_\_\_

The complete address of its initial registered office (agent's business address) is:

\_\_\_\_\_  
(no. & street) (city/town) (state) (zip code)

**THIRD:** Describe the principal purpose or purposes for which the foundation is organized (and if known, list the NAICS Code and Sub Code) [if more space is needed, attach additional sheet(s)]:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOURTH:** State any provision managing or regulating the foundation's affairs:

**FIFTH:** State any provision defining, limiting, or regulating the foundation's powers:

**SIXTH:** State any provision defining, limiting, or regulating a foundation official's duties and powers:

**SEVENTH:** The date on which the foundation shall terminate (if any): \_\_\_\_\_  
(Perpetual or MM/DD/YYYY)

**EIGHTH:** List the name of each initial director and their business address:

_____	_____	_____	_____	_____
(name)	(no. & street)	(city/town)	(state)	(zip code)
_____	_____	_____	_____	_____
(name)	(no. & street)	(city/town)	(state)	(zip code)
_____	_____	_____	_____	_____
(name)	(no. & street)	(city/town)	(state)	(zip code)
_____	_____	_____	_____	_____
(name)	(no. & street)	(city/town)	(state)	(zip code)

**NINTH:** List the name of each organizer and their business address (a minimum of one organizer is required):

_____	_____	_____	_____	_____
Signature	Street			
_____	_____	_____	_____	_____
Print or type name	City/Town	State	Zip	
_____				
Date signed				
_____	_____	_____	_____	_____
Signature	Street			
_____	_____	_____	_____	_____
Print or type name	City/Town	State	Zip	
_____				
Date signed				
_____	_____	_____	_____	_____
Signature	Street			
_____	_____	_____	_____	_____
Print or type name	City/Town	State	Zip	
_____				
Date signed				

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

**Mailing Address - Corporation Division, NH Dept. of State, 107 N Main St, Rm 204, Concord, NH 03301-4989**  
**Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH**